

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

FORM

SV-7303

## 1997 ECONOMIC CENSUS SPECIALIZED DESIGN SERVICES

OMB No. 0607-0827: Approval Expires 10/31/99

SV-7303

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

DUE DATE FEBRUARY 12, 1998

BUREAU OF THE CENSUS 1201 East 10th Street Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

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(Plasca	corract	anv	arrore	in	nama	address,	and	7IP	$C \cap d =$	١

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Ite	Item 1. EMPLOYER IDENTIFICATION NUMBER				Item 4. LEGAL FORM OF ORGANIZATION					
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?					Which of the following best describes this establishment's legal form of organization during 1997?  Mark (X) only ONE box.					
Ire			halam			la 1 \				
	094 1 Yes 2 No – Report cur	rent EIN	below		Individual owner (sole proprietors)	•	,			
	(9 digits)			2	Partnership – Mark (X) this box if y partnership Federal income tax for	m.	7			
Ite	m 2. PHYSICAL LOCATION			5 Government – <i>Specify</i>						
a.	Is this establishment's physical loca the address shown in the label? (P.O addresses are not physical locations)	0 ☐ Corporation – Mark (X) this box if you file a corporate Federal income tax form, including Subchapter S corporations.								
	093 1 Yes 2 No – Report phy	ysical loc	ation below	9	Other – Specify		_			
	Number and street			HOW TO REPORT	to tilousalius of dollars.			Dol- lars (000)		
	City, town, village, etc.	State	ZIP Code	DOLLAR FIGURES	is \$1,125,628.79 • Preferred	1	126			
		4 - 4 !!	de de la cal	FIGURES	report Acceptable	1	125	629		
b.	Is this establishment physically loca boundaries of the city, town, village	ited inside, etc.?	de the legal	Item 5.	Item 5. DOLLAR VOLUME			Dol.		
	095 1 Yes 3 No legal bound 2 No 4 Do not know	aries		OPERATING RECEIPTS of this establishment in 1997						
				Item 6. PAYROLL			Thou.	Dol.		
C.	In what type of municipality is this ephysically located?	establish	nment	Payroll in 1997, BEFORE DEDUCTIONS						
	. ,			a. Annual			 			
096 1 ☐ City, village, or borough 2 ☐ Town or township						031	1			
	3 Other - Specify			b. First quarter (January-March)						
	4 Do not know			Item 7.	EMPLOYMENT	032	Numbe	r		
d.	In what county (e.g., Dade County) is t	his esta	blishment	Number o	f paid employees for pay	032				
	physically located?			period including March 12, 1997 (Include both full- and part-time employees)						
lte	m 3. OPERATIONAL STATUS		lumber of months							
a.	How many months during 1997 was this establishment actively operated	00								
b.	Which of the following best describe status at the end of 1997? Mark (X) o	es this es only ONE								
	001 1 In operation									
	2 Temporarily or seasonally inc		Month Year							
	3 ☐ Ceased operation – <i>Give date at right</i> 4 ☐ Sold or leased to another operator – <i>Give date at right AND enter name, etc., below</i>			CONTINUE WITH ITEM 8 ON PAGE 2						
	Name of new owner or operator									
	Number and street									
	City	State	ZIP Code							

Item 8. KIND OF BUSINESS OR	<b>ACTIV</b>	ITY				Itte	em 9. SOURCES OF RECEIPTS	- COII	unuea			
a. Mark (X) the ONE box which best describes this establishment in 1997.  Design services					ESTIMATES are acceptable. Report dollars OR percents.							
			070				Sources of receipts			T	- 	Per-
Interior design services				□ 73	389201	L		use		Thou.	Dol.	cent
Interior decorating consultants				= -	389202		Industrial design services	400 <b>0550</b>	401	 		402
Industrial design services Commercial art services					389161 336101	"	Industrial design services	0330				
Medical art services				80	099201	c.	Fashion design services	0570		1		
Graphic design services					336201 748201	d.	Commercial art and illustration	0602		i i		
Golf course design services .  Urban/city planning services					748201 748202	"		-		1		
Fashion, furniture, and other of				73	389111	e.	Graphic design services	0603		 		
Engineering services					711001	l f	Golf course design services	0650		I I	 	
Architectural services (except Landscape architectural services		•			712001 781201	Ι"		0000		<u>.</u>		
Drafting services					389131	g.	Urban/city planning services (evaluation and planning for			1		
Other specialized design servi	ces – <i>L</i>	Describe		77	777776		development and utilization of land)	0700		 	 	
								0700		<del> </del>		
							Architectural services, except landscape	0750		i		
							Landscape architectural	0050				
Other kinds of business							services	0850		1	 	
Commercial photography				□ 73	335001	j.	Engineering services	0800				
Other – Describe				77	777777	k.	Photography services			i I		
							(including commercial photography)	1450		!		
							Specialized design services –					
						1	Describe 076			 		
b. Was this establishment primproviding management, adm	inistra	ative, o	r suppo	ort						1		
services to other establishme company (rather than for the	ents o	f the sa	me					0900		<u> </u>		
other business firms) in 1997	7?						Sales of merchandise -			1		
415 1 Yes							Describe if this is largest source of receipts			 		
2 No							077					
Item 9. SOURCES OF RECEIPTS						1				İ		
Report receipts by source either in d								8602		+		
or as percentages (in whole percents					elow.		All other receipts – Describe if more than 10 percent of total			 	 	
Please do <b>not</b> combine data for two							receipts 078			1		
<b>Line a(1)</b> – Report fees from provide specification of interior products and			sign serv	/ices (e.	g.,							
Line a(2) - Report sales of product	s purcl	nased by	this es	tablishm	nent					1		
for resale to clients as part of an inte- Include purchasing fees here. If spec	cified p	roducts :	are supp	olied at a	a			8952		 	 	
markup that includes the design fee, fees and report separately on line a	<ol><li>Rep</li></ol>	ort sale	s of pro	ducts "o	ver	О.	<b>TOTAL</b> (Should equal item 5 if reporting in dollars)	8000		 	 	100%
the counter" (i.e., not specified as paline m.	art of ar	n interior	design	service)	) on	Ito	em 10. RECEIPTS, BY CLASS (		NIT.	<u>.                                      </u>		100 76
Line a(3) - Report receipts paid to			for serv	ices suc	ch as	Est	timate the percentage of receipt				ort in wl	
painting, wallpapering, and installation				4 1 4 - · - ·		ite	m 5) by class of client.			perce	nt of re	ceipts
<b>Line b</b> – Report fees from specializ and developing designs and specific	ations 1	that optii	mize the	e function	n,	a.	Individuals			.55		
value, and appearance of manufactuand furniture design.	red pro	oaucts, s	sucn as	automot	olle		Trade, farming, industrial, trans		on,	451		
<b>Line I</b> – Report fees from other spe theatrical costume design services, s							financial, and other business fir	ms		452		
design services.	o <del>c</del> ut	Joigii Sel	rioco, a	u textil		c.	Federal Government					
HOW TO  If figure is <b>38.76</b> % total sales:	of	Mil.	Thou.	Dol.	Per- cent	4	State and local governments			453		
REPORT PERCENTS • Report whole per	cents-			<u> </u>	39	- u.	State and local governments			454		
Not acceptable —				<u> </u>	38.76	e.	All other					
	Cen-			re acce		f.	Total				100%	
Sources of receipts	sus use	-	l	· ·	Per-	_	em 11. EXPORTED SERVICES					
			Thou.	. Dol.	cent	NC	OTE - An exported service is a s	ervice	perform	ned for	a custor	ner
a. Interior design	400	401	I 		402	loc	client (individual, government, cated <b>outside</b> the United States	(i.e., o	utside 1	the 50 S	tates,	
1. Fees	1. Fees 0501			po	strict of Columbia, U.S. Commo ssessions). Services performed	for una	affiliate	d and af	filiated			
						are	reign firms (i.e., foreign parent f e included. Services provided to					
2. Sales of products specified							ms are excluded.					
as part of an integrated interior design service	0502		! 			D:	d the receipts reported in					
			l			ite	d the receipts reported in em 5 include any amounts ceived for exported services	,		Mil.	Thou.	Dol.
3. Income from subcontracted work					rec	ceiveu ioi exporteu services			406			
					405	i 1 ☐ Yes – Amount ———				I I		
4. Sum of lines a(1)			! 			405	2 No				ı	1
through a(3)	0500		l									

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<b>S</b>	

Form SV-7303

	not shown, please enter yo rom the address label on pa	our 11-digit Census File Number ge 1	Ce	nsus File Number								
Item 12. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION												
a.	. Is the FIRST DIGIT of your	Census File Number (shown in the	address	label immediately after "C	FN") a zero?							
	1 ☐ Yes – Complete tl 2 ☐ No – Skip to item											
b	Is this company owned or controlled by another company?	Enter name, address, and EIN of the	owning or	controlling company								
	097 1 ☐ Yes ———————————————————————————————————											
	2 L NO	E . LEIN CH		EIN (9 digit	s)							
c. Does this company own or control any other company or companies?  Enter name, address, and EIN of the owned or controlled company												
	098 1 ☐ Yes — → 2 ☐ No											
				EIN (9 digit	s)   Number							
d		s operated under the Employer Ide	ntificatio	n Number shown in the	079							
		e physical location address and other	er informa	tion indicated below for								
	each establishment. The hea	dquarters location should be first, foll the same format in REMARKS or on a	owed by a	III other locations. If more								
	Estimates are acceptable	if book figures are not available.										
	Name				1997 Mil. Thou. Dol.							
	Number and street				Receipts 081							
	City		State	ZIP Code	Annual payroll 082							
1	Kind-of-business description				Paid employees for pay period including March 12							
	Kind-or-business description	083										
					Census <sup>088</sup>							
	Name				use							
	Number and street	Receipts 081										
					Annual 082							
2	City		State	ZIP Code	Paid employees for pay							
	Kind-of-business description				period including March 12							
					Census <sup>088</sup>							
					use							
	Name				1997 Mil. Thou. Dol.							
	Number and street	Receipts Annual O82										
3	City		State	ZIP Code	payroll Paid employees for pay							
	Kind-of-business description	period including March 12										
					083							
					Census <sup>088</sup> use							
R	REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.											
lt	em 13. CERTIFICATION – Th	nis report is substantially accurate and	has been	prepared in accordance with	n instructions.							
	eriod covered y this report FROM: Mo.	Year TO: Mo. Ye	ear Name	of person to contact regardi	ng this report – <i>Print or type</i>							
Te	elephone Area code	Number Extension	Title									
S	ignature of authorized person	1			Date							

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